



A Memoir of No Memory: Rethinking Self Analysis and Navigating Medical Narratives

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Abstract

My sabbatical project explores the themes of health, wellness, identity, and creative voice. In a series of essays, I am investigating and writing about life events—both traumatic and ordinary—and their effects on memory, personal psychology, and the choices I make as a writer.

The first of these essays describes and analyzes an illness I endured in 1992. I spent over three months in a “prolonged coma,” and an additional six months in rehabilitation. This research project brought me back into that world of hospitals, tests, diagnoses, and jargon. Having no concrete recollection of those summer months, I began with one central question: How can I write a memoir about something I can’t remember?

My explorations became the focus of *The Comet’s Tail: A Memoir of No Memory* (Homebound Publications, 2018). The challenges of subjectivity forced me to question my duty as a memoirist and whether impartiality is ever really possible. I had to piece together three threads—journal entries written before I got sick, medical notes transcribed at the time, and emerging memories after the event. Examining these various accounts forced me to confront new questions of perspective and documentation. How much was true record and how much was inaccurate recollection of witnesses or imaginative invention? How is memory formed, and what is the role of trauma in our ability to reconstruct and understand the past?

PE Eyes open. Flaccid. arms and legs in bed, crotch. Right wrist. Oral lesions. drooping. Clear, deep respiration. RR. 16/37, 4/35. Extr. multiple bruises @ venipuncture sites. @ neck. @ nose. New @ resp to sternal rub, noxious stim. & ? withdrawal @ hand @ one point. @ purposeful movt @ arms but did manage to swing bottle legs over @ bedrail. ? purposefully. @ following of commands. @ resp to voice.

Unit No: [redacted] HOSPITAL
NAME: NAWROCKI, Amy
Birth Date: 01/15/1973
EEG No.: 1 254 #6 Date: 8/14/92
Location: NICU
No. of electrodes/Recording mode: 5 channel
Recording type: Ambulatory Cassette EEG
Montages: Bipolar Recording
History: This is a 19 year old girl who is status post viral encephalitis, who is now in a persistent vegetative state with frequent autonomic storms. She is also having occasional right-sided jerking activity and eye deviations and for this reason, long-term EEG was requested to rule out seizures. A diary was kept by nursing staff and at various times, the patient was noted to have eye deviation and upper extremity clonic activity. Her medications include Tegretol, Vecuronium and Ativan. This was a 5-channel ambulatory cassette EEG done with the subliminal montage. The study was begun on 8/17/92 at 9:57 am and terminated on 8/18/92 at 10:30 am.
Interpretation: The background consists of predominantly 1-3 delta activity with some occasional admixed theta. There were no areas of focal slowing, nor were any epileptiform features noted to this record. Specifically, no epileptiform abnormalities or seizures were observed during the time noted in the diary when the patient had clinical manifestations consistent with seizures. Also noted in this record, are complete lack of any rhythm consistent with normal sleep cycles.
Impression: This is an abnormal ambulatory cassette EEG due to marked, generalized slowing and absence of sleep rhythms.

Hand written and typed hospital records provided a timeline and scattered interpretation of the illness.

Synopsis

Early in June, I complained of headaches and nausea. My behavior was uncharacteristic and erratic. After two emergency room visits I was finally admitted, then quickly transferred to the neuro-psych ward, where I progressed into a coma. The diagnosis speculated viral encephalitis. I was transferred to Yale-New Haven Hospital where I stayed in the neurology ICU remaining in a “persistent vegetative state” into late August. Emerging from the coma in September, I was discharged to a rehabilitation hospital where I remained until July. These are the months that I can hazily recall, and with the help of therapy I regained all my physical and mental abilities, returning to college the following autumn.

Investigation

I began by requesting and examining medical records from Yale which covered June to September, dates which are completely blank for me. The first pages were handwritten, cataloging impressions of various attending and consulting physicians. The scribbles were difficult to read, often repetitive, and tonally sterile, with rare hints of the people behind clipboards and stethoscopes.

As the pages went on, more formal typed reports charted the “history and progress” of the illness in eerie fragments. Though roughly chronological, there were obvious gaps, and it appeared that only specialists’ accounts were reported. Nurses’ daily assessments, for example, were not included though they were referenced.

I also conducted interviews with my siblings and extended family, as well as friends who witnessed the illness, using these to establish a timeline and to answer questions that medical reports did not deal with.

Challenged by the idea of missing pieces, I reread notebooks and journal entries that preceded the illness. Originally kept to supplement poetry writing, the college journal provided uncanny insight to my mindset leading up to the coma. Numerous mentions of the brain, neurons, mental overload, and metaphoric comas were striking.

I shifted my focus from that of the writer of those pages to a biographer, analyzing my words as diary entries with poetic sketches then as brief but significant psychological snapshots of my day to day mood. I speculated about how subconscious threads filter through the body to the pen and what these writings could possibly mean in light of the months of unconsciousness that followed.

Findings

The sterility of the doctors’ reports contrasted with the emotional accounts of family and friends as well as with my own biased diary writings. These perspectives highlighted different realms of patient advocacy and caregiving—objective medical practitioners who had no connection to their patient and subjective relatives who were unfamiliar with procedures and jargon, completely at the mercy of the experts. Their memories provided significant information but were fragmented, inconsistent, and skewed in a variety of ways.

How these many viewpoints converged was among the most interesting aspects of my research. Furthermore, these findings challenged my notions of memory and begged even deeper neurological, psychological, and philosophical questions about trauma and consciousness.

Primary Sources

The last page of my college journal and the first page of my rehabilitation journal show a marked difference in cognitive ability and awareness, as well as physical impairment.

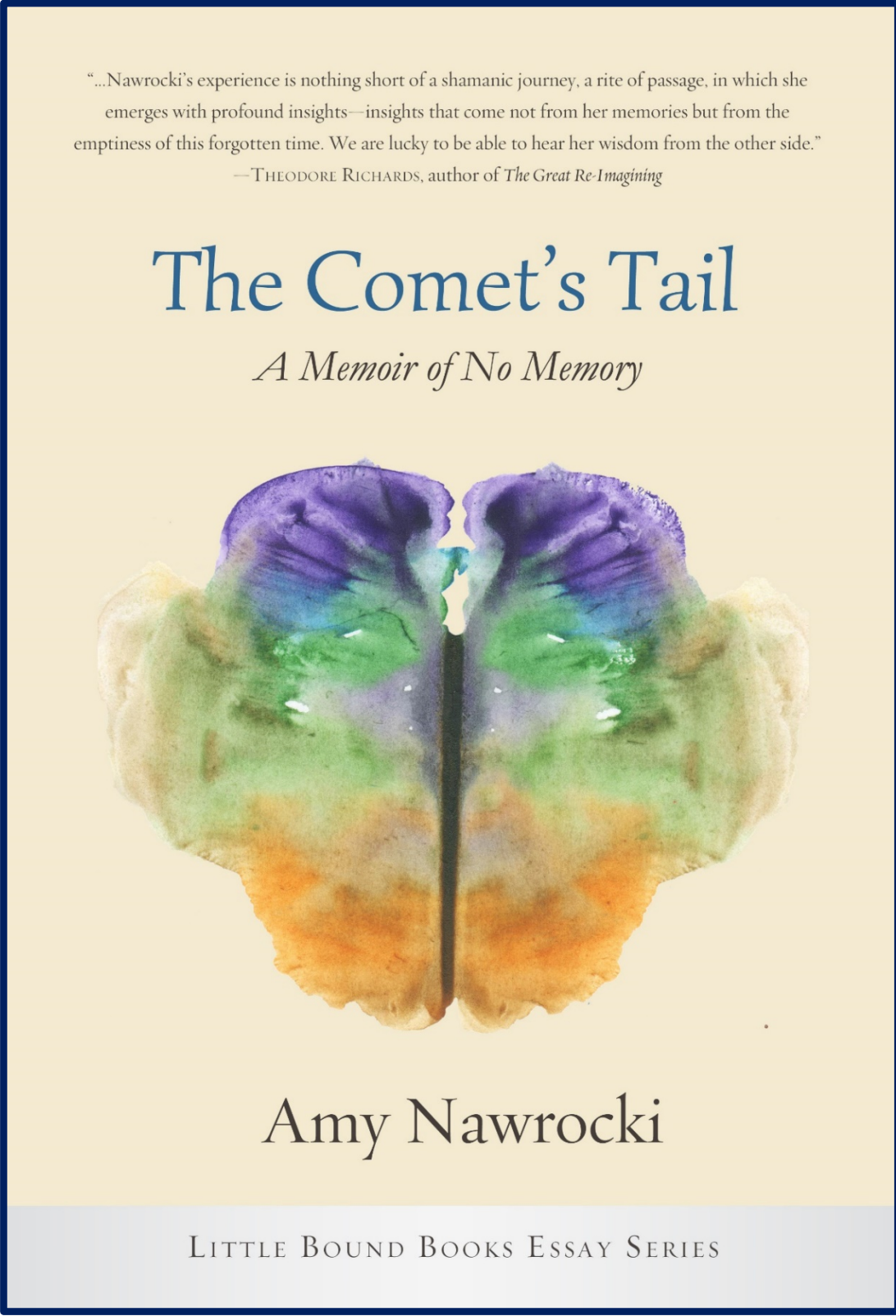
I would spend almost a year in rehabilitation before my full abilities and identity returned.

23 May 1992 Time unknown around one a.m. Cape Cod. Nice house, can't sleep. I thought I kicked the insomnia bug long ago but I must have been mistaken. Long ago, I was a want, a dry and flakey toad wart, unloved and ugly. Now, it is the same except that I am no longer flakey thanks to two new hand lotion I got. THE WORLD, she said, blazing like a cross. Blaze, motherfucker, blaze. End.

28 May 1992 1018 Thursday, and the waltz burned in faintest melody. Walk with me dance of sweet remembrance. People are stupid. End.

Jan 15 1992 This little boy and I made let us rejoice and begin in it. I love Amy I LOVE poetry I LOVE once up time there was a little elf named Harry He is a cute elf I like him the best.

Hand-drawn sketches of stick figures and symbols.



To be released on April 10, 2018, *The Comet’s Tail* chronicles before, during, and immediately after my illness.

Outcomes and Future Work

Revisiting trauma as an investigator rather than a patient opened my eyes to the obstacles that caregivers and health care professionals face. I rediscovered my autonomy as a patient, processed my family’s trauma, and gained insight into the doctors’ frustrations. I had to challenge the notion of first-person story-telling as well as the credo “write what you know.” I had to establish my own voice in the dissonance of many outside perspectives and figure out how to tell this story. Pedagogically, I found potential in weaving Health Science and Human Services into the Humanities as a way to promote empathy and shared appreciation of human complexity. In the end, I confirmed the importance of narrative—whether in autobiography or science—in documenting and shaping our lives.

During my sabbatical I am concentrating on creative nonfiction, exploring topics such as coming to terms with the body and the intersection between writing and health. I am working with Gaylord Rehabilitation Center and other outlets to further examine the role of writing in recovery. In the fall, I plan to teach Themes in Literature: Health and Wellness and continue to help students use writing for academic and personal growth.